



FLWEMS Paramedics Adult Protocol for the Management of:

ORGANOPHOSPHATE POISONING

(Pesticides)

Indications

To outline the paramedic care and management for patient(s) experiencing signs & symptoms of organophosphate poisoning.

Special Considerations

Refer to "Chemical/Nerve Agent Exposure" for the treatment of known GB and/or VX nerve agent exposures.

Procedure

1. Assure personal safety by donning all required personal protective clothing to include Protective Mask.
2. Remove patient from area of exposure.
3. Triage all patients.
4. Assure that all patients have been decontaminated prior to evaluation.
5. Secure airway as outlined in FLWEMS Paramedics Adult Protocol for the Management of Airway & Ventilation and administer supplemental **Oxygen** as needed.
6. Determine the severity of exposure and treat as follows:

Mild exposure

Vapor exposure: Miosis; rhinorrhea; slight bronchoconstriction; secretions (slight dyspnea). Dermal exposure: Effect may be rapid in onset after an asymptomatic interval of up to 18 hours. Increased sweating at the site and/or muscular fasciculations at the site of exposure.

1. If patient is experiencing nerve organophosphate symptoms other than miosis, treat as follows:
 - a. Establish IV of **0.9% NaCL**.
 - b. Administer **Atropine Sulfate** 2mg IV. May repeat this dose every five minutes until secretions have subsided.
 - c. Administer **Protopam Chloride** (2PAM Cl.) 1-1.5 Gram IV infusion over 20-30 minutes.
PREPARATION: Reconstitute **Protopam Chloride** (2PAM Cl.) in 20cc of **Sterile Water**, then add to 100cc bag of **0.9% NaCL**.
2. If signs/symptoms of organophosphate poisoning persist or patient condition deteriorates, treat for moderate to severe exposures.

Moderate to severe exposures

Moderate exposure: (Vapor) Miosis; rhinorrhea; slight bronchoconstriction; secretions (moderate to marked dyspnea). (Dermal) Effect may be precipitant in onset after an asymptomatic interval of up to 18 hours. Same as for mild exposure, plus: vomiting, diarrhea and/or generalized weakness.

Severe exposure: (Vapor) Same as for moderate exposure, plus: loss of consciousness; convulsions (seizures); generalized fasciculations; flaccid paralysis; apnea; involuntary micturition/defecation possible with seizure. (Dermal) Effect may be precipitant in onset after a 2-30 minute asymptomatic interval. Same as for moderate exposure, plus: Loss of consciousness, convulsions (seizures), generalized fasciculations, flaccid paralysis, apnea, generalized secretions and/or involuntary micturition/defecation possible with seizures.

1. Establish IV of **0.9% NaCL**.

FLWEMS Paramedics Adult Protocol for the Management of:
ORGANOPHOSPHATE POISONING
(Pesticides)

2. Administer **Atropine Sulfate** 2mg IV. May repeat this dose every five minutes until secretions have subsided.
3. Administer **Protopam Chloride** (2PAM Cl.) 1-1.5 Gram IV infusion over 20-30 minutes.

PREPARATION: Reconstitute **Protopam Chloride** (2PAM Cl.) in 20cc of **Sterile Water**, then add to 100cc bag of **0.9% NaCL**.
4. Administer **Diazepam** (Valium) 5-10 mg IVP as needed for seizures until convulsions subside.
5. Monitor cardiac activity, oxygen saturation, and blood pressure. Treat dysrhythmias per ACLS protocols.
6. Treat any other trauma/injuries per Multi-System Trauma protocol.
7. Transport to appropriate Emergency Department.
8. Contact medical control for further orders as needed.

CAIRA/Chemical Surety Considerations
None

Triage Considerations
Refer to S.T.A.R.T. Triage Protocol

END OF SOP – NOTHING FOLLOWS